

10/539622

JC17 Rec'd PCT/PTO 17 JUN 2005

Application Data Sheet

Application Information

Application Number::

Filing Date::

Application Type::

US National Phase

Subject Matter::

Utility

Suggested Classification::

Suggested Group Art Unit::

Title::

**METHOD OF MODULATION AND
DEMODULATION OF A DIGITAL SIGNAL, IN
PARTICULAR IN A FREQUENCY BAND
AFFECTED BY FLAT FADING, ASSOCIATED
MODULATOR AND DEMODULATOR**

Attorney Docket Number::

4590-425

Request for Early Publication::

Request for Non-Publication::

Suggested Drawing Figure::

Total Drawing Sheets::

3

Applicant Information

Applicant Authority Type::

Inventor

Primary Citizenship Country::

France

Status::

Given Name::

Bruno

Middle Name::

Family Name::

LE BRETON

Name Suffix::

City of Residence::

Boulogne

State or Province of Residence::

Country of Residence::

France

Street of Mailing Address::

52, rue Georges Sorel

City of Mailing Address::

Boulogne

Postal or Zip Code::

92100

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Applicant Authority Type:: **Inventor**
Primary Citizenship Country:: **France**
Status::
Given Name:: **Pierre**
Middle Name::
Family Name:: **VASSEUR**
Name Suffix::
City of Residence:: **Maule**
State or Province of Residence::
Country of Residence:: **France**
Street of Mailing Address:: **11 Bis, rue du Ponceau**
City of Mailing Address:: **Maule**
Postal or Zip Code:: **78580**

Applicant Authority Type:: **Inventor**
Primary Citizenship Country:: **France**
Status::
Given Name:: **Patrick**
Middle Name::
Family Name:: **BUREAU**
Name Suffix::
City of Residence:: **Bessancourt**
State or Province of Residence::
Country of Residence:: **France**
Street of Mailing Address:: **8 Allée des Marronniers**
City of Mailing Address:: **Bessancourt**
Postal or Zip Code:: **95550**

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Correspondence Information

Correspondence Customer No:: **33308**
 Phone Number:: **(703) 684-1111**
 Fax Number:: **(703) 518-5499**
 E-Mail Address::

Representative Information

Representative Customer Number::

Representative Designation:: Registration Number:: Representative Name::

*Primary or Associate***Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FR	02/16007	December 17, 2002	Yes
	PCT/EP2003/051003	December 15, 2003	Yes

Assignee Information

Assignee Name:: **THALES**
 Street of Mailing Address:: **45 rue de Villiers**
 City of Mailing Address:: **Neuilly Sur Seine**
 State of Mailing Address::
 Country of Mailing Address:: **France**
 Postal or Zip Code:: **92200**